

ANSWER: See Plaintiff's Initial Rule 26(a)(1) disclosures.

18. NOTIFICATION OF ACCIDENT, CLAIM, SUIT OR LOSS

Please identify by name, address, e-mail, phone number, date, time, and content regarding notification of the subject incident and/or your injuries, to the following:

- (a) The police;
- (b) Defendant; and
- (c) Any other individual aside from your attorneys.

ANSWER: (a) None; (b) filed Incident Report on 11/24/10; talked to various medical providers who treated Plaintiff for her injuries.

19. CLAIMED VEHICLE

If you contend an unknown vehicle cut off the ambulance in which you were a passenger, please describe the make, model, color, and any other identifying features of the claimed vehicle:

- (a) The police;
- (b) Defendant; and
- (c) Any other individual aside from your attorneys.

ANSWER: Plaintiff is unable to do this as she did not see the vehicle because her back was turned away from the ambulance driver.

20. INSURANCE

Please identify each and every insurance policy (carrier, policy number, year of coverage, limits) you had on the day of the incident.

ANSWER: Investigation continues. Plaintiff believes she was insured through USAA, Geico or State Farm on the date of the collision. Her vehicle's VIN at the time was 1ZVHT80N195110895.